PATENT APPLICATION FEE DETERMINATION RECO								Application or Docket Number				
		10767124										
CLAIMS AS FILED - PART I								MALL		R THAN		
Ę	OTAL CLAIM	IS.	(Colun	nn 1)	(Col	(Column 2)		TYPE		OF		ENTITY
-			15	15				RATE FEE			RATE	FEE
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FEE 385.00		OF	BASIC FEI	770.00
TOTAL CHARGEABLE CLAIMS			15. 1	15. minus 20=		· 12		XS 9=		OR	XS18=	
INDEPENDENT CLAIMS			3 ,	3 minus 3 =		K.		X43=		٦	1400	
ML	ULTIPLE DEPI	ENDENT CLAIM	PRESENT	RESENT						OR	A002	
* If the difference in column 1 is less than zero, enter "0" in column 2								+145=			∸290≥	
CLAIMS AS AMENDED - PART II							1	TOTAL		OR	TOTAL	770
(Column 1) (Column 2) (Column 3)								MALL	ENTITY	OR	OTHER SMALL	
4		CLAIMS		HIGH	ST				ADDI-	7	RATE	ADDI-
Z		AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL			TIONAL
AMENDMENT	Total	. 15	Minus	- a	$\overline{\bigcirc}$	-	XS 9=		FEE		7000	FEE
	Independent	· 8	Minus	 	ă -	=	┢		-	OR	X\$18=	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<u> </u>	X43=	ļ	OR	X86≈	
	•							145=		OR	+290=	
								TOTAL DIT. FEE		OR	YOTAL ADDIT. FEE	
7		(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								_		
8		REMAINING AFTER	· .	NUMB	ER	PRESENT		RATE	ADDI-			ADDI-
AMENDMENT		AMENDMENT		PREVIOU PAID F		EXTRA	HAIE		TIONAL FEE	1 [RATE	TIONAL FEE
2	Total	1.15	Minus	-20	,	B .	×	\$ 9=		OR	X\$18=	
Ē	Independent	NTATION OF M	Minus on 3 a			X	43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
								45=		OR	+290=	
(Calumn 1) (Calumn 2) (Calumn 3)								T. FEE		OR A	DDIT. FEE	
,	`	CLAIMS		(Column HIGHES	i T	(Column 3)	-	·	405:	r	 	
		REMAINING AFTER		NUMBE PREVIOU	SLY	PRESENT EXTRA	R/	ATE	ADDI- TIONAL		RATE	ADDI- TIONAL
Ē	Total	AMENDMENT	Minus	PAID FO					FEE	₄ L		FEE
: }	ndependent	•	Minus . Minus	**		•	XS	9=	1	OR	X\$18=	
: L	FIRST PRESENTATION OF MULTIPLE DEPENDEN			ENDENT C	· =		X4	3=		OR	X86=	
		+14	15=			+290=						
	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									L	TOTAL	
54 (me ushisezildiri	mber Previously Paid ber Previously Paid	M Sor IN THIS			2	ADDIT			OR AL	ODIT FEE L	
			(IOMOI)	cpanseni	us nin en	infrazzi umubet (d	ound in I	me appi	ropriate box	in colur	TA 1.	